

# A BRIEF GUIDE TO THIRD YEAR



# YEAR STRUCTURE

Semester	Block One	Block Two	Block Three	Break/Study Week	
One	WH	CH	Surg	Week Break	
Two	Gen Med	ACC	MH	Study Week	Exams

- 6 x 7 week blocks
- Two Streams – 1 & 2
- Each stream divided into three groups
- One stream doing WH, CH, Surg
- One stream doing Gen Med, ACC, MH



# DECODING 3<sup>RD</sup> YEAR

**CBL** – instead of PBL, usually 1 tute (1.5 – 3 hrs)

- Usually hand up one OSCAR per tute, each tutor wants a slightly different style

**OSCARs** – (6 formative/1 summative)

- Case report inc., history, exam, investigations, management, legal and ethical issues, progress and summary
- 2 summative in ACC

**Mini – CEX** ‘mini OSCE’, 2 per block, one history and one clinical exam

**ITAs** – assessment completed by consultant at end of each block (try not to cheat)

**MCQs** – 10 x formative MCQs per block

**Seminar** – normally weekly, **COMPULSARY** (don't fight it, attend)

**Clicks** – online lectures

**Clinical Logbook/Skills Logbook** – on L@G, can log things you've done and seen



# ASSIGNMENTS & EXAMS

## **DHC Evidence Based Medicine Assignment**

- based on an OSCAR – comparing treatments

## **DLEPP Assignment**

- based on an OSCAR – patient care that raises legal and ethical issue

Both a large percentage for the theme, small percentage for entire year but remember you **MUST** pass these themes to pass the year

Get a case early or keep these assignment in mind because they might take longer than you think

## **Exams in November (not fun, not easy, blocked from memory)**

- Cover the entire **42 weeks**
- MCQs and short answers, clinical scenarios
- No OSCE until 4<sup>th</sup> year




# THE HOSPITAL


- Each block is very different – it generally takes a couple of weeks to settle in
- Ask your intern/reg where you should be and when
  - BE THERE but don't forget seminar
  - Consultants do notice if you don't turn up, even if they've never spoken to you before
  - DON'T turn up late with a coffee in your hand
- Turn up – you learn the most in the hospital but if you're not doing anything, go home and use the time efficiently (whatever that might mean to you)
  - Remember that the doctors are busy and you will have to wait for them sometimes, get an iphone to keep you busy
- Take every opportunity given to you
  - If you show that you're interested then people will let you do the fun stuff
- Be polite, leave your ego at home and dress appropriately
- Don't forget to show respect to patients and their families



# HOW TO PASS?

- Presenting complaint/Seminar Topics – know the seminars, if you learn the PCs you will cover the main conditions
  - Listen to what your consultant and registrar ask you/tell you – if they think it's important it probably is
  - Study consistently – everyone has an individual style
    - Study groups are useful if you are feeling lost and unmotivated
  - Try to find a style that suits you early but don't be afraid to change, there's an entire year to find the perfect one
  - Don't expect to be able to do every LO – but try to at least look at them – you learn the most in the hospital DOING things
  - If you're a crammer it's a 2 month process not a 2 week one
  - Avoid the small details – you're not sitting a physiology exam
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# LIFESTYLE

- The balance cliché
    - All uni = burn out
    - Eat, drink, exercise and try talking to friends about something other than uni
  - It's possible to work but remember that we've all agreed to be a uni Monday to Friday and sometimes you'll be expected to come on weekends
  - Try to have some structure but learn to be flexible, you'll be left waiting and tutes, seminars etc will be changed at the last minute
  - Can't focus? Do something else, don't be afraid to walk away from study as long as you come back to it
  - Stressed? (some blocks will be very stressful)
    - Etoh, benzos and pot aren't appropriate coping mechanisms
    - Talk to your friends about it, they probably feel the same way
    - Ask 4<sup>th</sup> years for advice, get a mentor
    - GP/Counsellor – not necessarily a bad thing if you need to talk to one
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# THINGS I WISH I REALISED...

- Sometimes (all the time) you'll feel like you don't know anything but you do, it's a learning process, don't beat yourself up over not knowing everything
- Don't be afraid to answer questions even if the answer sounds ridiculous – being made to look foolish means you'll never forget what you've just been told
- Don't be surprised if you're asked questions that are above 3<sup>rd</sup> year level so that someone else can feel good about what they know
- Get to know your team, if they trust you, they'll make sure that you are involved
- People die, sometimes unexpectedly, uni can be stressful but it's preparing us for a career so deal with it in an appropriate and professional way



# TROUBLESHOOTING

- If you're not getting support in the hospital or everything feels disorganised – let someone know
  - Year level rep
  - Clinical coordinator
  - Third year coordinator
- Try to be constructive and offer suggestions about how to help



# RECOMMENDED BOOKS

- Toronto notes – find someone with an electronic copy or online subscription
- Marshall & Ruedy's On Call (ISBN 978-0-7295-3803-9)
  - Presenting complaints, differentials, initial management
- Oxford Handbooks
  - Brief overview of conditions and initial management
  - Generally need more information but good starting point when on the ward
- Clinical Examination (Talley & O'Connor, ISBN 978-0-7295-3762-9)
  - Don't think the days of Talley & O'Connor are over!
  - Review exams and clinical signs
- AMCQ (ISBN 086793-377-1)
  - Multiple choice Q's
- Clinical Problems in General Medicine and Surgery (ISBN 978-0-443-07323-6)
  - Any clinical scenario books for each block are useful, cover most common presenting complaints – check that the book explains why and doesn't just give an answer
  - To get something Australian
  - Great for integration
- Case Files (e.g., Lange Case Files in O&G)
  - Useful for all rotations – common presenting complaints, brief discussion of cases and MCQs